FOR INSTRUCTIONS. SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees ETHICS AND for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State PA 20 AM 8: 5 |

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) Sounty Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue Comm. # _ CANDIDATE COMMITTEES ONLY: Logged In-Candidate Name Scanned AMES STROTIMAN DEMOCRAT Computer Office Sought District (if Senate or House) **Audited** COUNTY SUPERUSOR Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairparson, for any other type of committee, is the individual responsible for filling timely and accurate reports. 915.460-3658 SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. I AM FILING A Indicate by # (report date) ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STORY STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 000.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ <u>____</u>NO CONSULTANT BREAKDOWN (Schedule G Attached?) YES CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) CITIZENS FOR STROHWAN	. —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (if applicable) TO CANDIDATE* RECEIVED FUND- (MM/DD/YR) AND PAC CHECK (if applicable) RAISEF	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DEL ATIONOLUD	AAAOLINIT	
CK# 2334 Howilton Dive Avres, Ax 50019 ID# Goovy & Belitsos Stor Lincoln wark Arres, Ax 50014 ID# Julia Carlander CK# 2200 Howilton John Swol4 ID# Oryan and Joy Graveline CK# 3008 Everyween Circle Armes, Ax 50014 ID# Michael and Jebun Lee CK# 214 50014 ID# Thomas Scat. CK# Arms, Ax 50010 ID# J. Adin Moun and Sizenpe Mantiller CK# Armes, Ax 50010 ID# CK# Armes, Ax 50010 ID# J. Adin Moun and Sizenpe Mantiller CK# Armes, Ax 50010 ID# CK# Joynes, Ax 50010 ID# CK# 3212 Contact CK# 3212 Contact CK# 3212 Contact CK# Armes, Ax 50010 ID# G. Adin Moun and Sizenpe Mantiller CK# 3454 50 010 ID# CK# 3212 Contact CK# 3213 Contact	RECEIVED	(if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR		AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10# George Belitsos SJOS (incoln wash Armes, At 50014 35			He best David 2-334 Hemilton Oving ANNES CA SOCIA		\$ 35	
ID#		ID#	George Belitios			
D# Sulia Calandar 35		CK#	Avres, It Souly		35	L
CK# 10# 10# 10 10 10 10 10 1		ID#	Julia Carlander	-		
Dry and Joy Graveline CK# 3008 Every veen Ciscle Armes, 1st 500 (4) ID# Michael and Jebuu Lee 2(4) South Maple Panes, 44 500 (0) ID# Thomas Scat. CK# 3012 Ontario Armes, 44 500 (0) ID# J. Adin Mana and Sequine Manalille. CK# 801 Crystal Armes, 44 500 (0) ID# Machand Kathy Shelley CK# 3454 50 uth dale Armes, 47 500 (0) ID# CK# 3212 West Armes, 47 500 (4) ID# Horard and June Hofe CK# 3213 West Collins, 44 500 55 SUBTOTAL		CK#	2200 Hamilton		25	
CK# 3008 Every seen Coscle Ames, 5th 500 14 D# Michael and Jebun Gee CK# 214 South Maple Ames, 4th 500 10 Thomas Scat. CK# Ames, 4th 500 19 D# J. Adin Mana and Sazanae Mantiller CK# Ames, 4th 500 10 D# CK# BBI Crystal CK# 3454 500 10 D# CK# 3454 50 4th dale Ames, 4th 500 10 D# Pat Brown CK# 3212 west Ames, 4th 500 19 D# Horard and June Hofer CK# 24311 73044 CK# 50055 SUB-TOTAL		ID#	Bivan and Joy Graveline			
CK# Michael and Jebru Gee CK# 214 South Maple Aures, FA 50010 ID# Thomas Scatt. CK# 3012 Ontario Ames, FA 50014 ID# J. Adin Mann and Straine Manliller CK# 801 Crystal Ames, FA 50010 ID# Machand Kaphy Shelley CK# 34541 South dale Ames, FA 50010 ID# Gat Brown CK# 3212 West Fares, FA 50014 ID# Horard and June Hofe CK# 29311 73044 COllins, FA 50055 SUB-TOTAL		CK#	3008 Everyveen Circle Ames, LA 50014		200	L
ID# Thomas Scatt 3012 Ontario 50		ID#				
CK# 3012 Ontario Ames, ## 50014 ID# J. Adin Mann and Sazanne Man Ziller CK# 801 Crystal Ames, ## 50010 ID# Machand Kaylay Shelley CK# 3454 50 4th dale CK# 3454 50 4th dale CK# 3212 west CK# 3212 west Fines, ## 50014 ID# Horard and June Hofer CK# 24311 73044 50055 SUB-TOTAL		CK#	214 South Maple panes, 274 50000		35	
CK# 30/2 Ontario Annes, ## 500 14 ID# J. Adin Moun and Sequine MainZiller CK# Associal Solo ID# Machand Kathy Shelley CK# 34/54 50010 ID# Set Brown CK# 32/2 west CK# 32/2 west Formes, ## 50014 ID# Horard and June Hofer CK# 29/311 73044 COLLINS, ## 50055 SUB-TOTAL		ID#				
ID# J. Adin Moun and Sizeupe Man Liller CK# 801 Crysta 801 Crysta Solo ID# Machand Kathy Shylley CK# 3454 56 uphdale Apmes, 49 50010 ID# Pat Brown CK# 3212 west Apmes, 44 50014 ID# Horard and June Hofer CK# 29 311 73044 COllins, 44 50055 SUB-TOTAL		CK#	2012 Ontorio		50	
CK# Ames, ## 50010 35	o	ID#		/		
CK# 3454 Southdale D# Fat Brown South Sub-total		CK#	XDI (uy ctal		35	L
CK# 3454 50 44h dele 50 ID# Fat Brown CK# 3212 west John Horard and June Hofer CK# 29311 73044 CO((ins) FA 50055 SUB-TOTAL CLO		ID#	Mackand Kathy Shelley			
CK# Pat Brown CK# 3212 West Fanes, 5A 50014 D# Hovard and June Hofe CK# 29311 73041 COULDS, 5A 50055 SUB-TOTAL CLO		CK#	3454 Gudh delp		50	
ID# Hovard and June Hofer CK# 29391 73044 COLLINS, FA 50055 SUB-TOTAL CLO		ID#	Pot Brown			
CK# 29 311 730 m 50055 35 SUB-TOTAL CIG		CK#	3212 West 50014		25	
SUB-TOTAL C.C.		ID#	Howard and June Hofe			
SUB-TOTAL 515		CK#	29311 73014 Collins, 44 50055		25	
				SUB-TOTAL	. 515	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

C(+12EWS FOR STROHMAN)

SCHEDULE
A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Jane Zaving 1955 Medow Glan North Annes, sa 50014		\$ 20	
	ID# CK#	Carolyn Stidwell 2847 Torrey Pines Poid AMB, IN 50010		25	
	ID#	Mary TO Buewley 1801 John J34 Haups, FA 5000		25	
	ID# CK#	Stave and Lynn Bishop 2609 Eisenhower Amps, In Sooro		10	
	ID#	Merityu Hauson and Ted Tostfebe 1336 Parkview Story City, IA 50248		25	
	ID#	Robert Bourne 124 Brookridge Ang IA 5000		25	
	ID#	John and Donna Cleasty 1801 20th Apt B21 AMPS, FA 50010		25	
	ID#	Clayton and Rath Swenson 2308 Hamilton Armes, IA 50014		50	
	ID# CK#	Caul and towin Tipton 415 Brigger od Place Ames, IN 50014		25	
	CK#	lowell and Jennifer Grainant 1518 13th St Ames, A 50010		25	
			SUB-TOTAL	. 255	-

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Page _____ of _____ 6
(for Schedule A)

TOTAL (if last page of this schedule)

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CLT (ZEWS FOR STROHMAN)

SCHEDULE			
A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Joy and Cavole Brown 1204 Orchard AMES, SA 50010		\$ 30	
	ID# CK#	Lloyd Dunenil 309 North Franklin 4005, 47 50014		35	
	ID#	Robert Evald 1298 Park Way Hones, EA Souro		25	
	ID#	Pat and Louis Banith 2514 Kellogg ANNES, IA SOOLO		20	
	ID# CK#	Pavid and Jeanene Skarshaug 3310 Cedar Lane Ames, IA 50014		25	
	ID# CK#	Novmeneral Carlene Reyton 203 North Estridge Approx DOWS, FAT SOOT!	inlaws	100	
	CK#	Kerinand Jennifer Sweeney 1049 Harvard Predmond, CA 94610		100	
	ID#	William and Mary Vogel S688 195th Street Aanos, FA 50000	-	35	
	CK#	Tom and Cindy Hack 2015 Entity Hughes Ames, An 50019		50	
	ID#	Richard and Elise Wright Mult 2515 Woodviers AMB, IA 50010		100	
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	120	

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TOTAL (if last page of this schedule)

Page 3 of 6 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR STROHUMAN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
	ID# CK#	Jamesaud Cavol Brannon 1711 TOPO HOLLOW ALMES LEAN SOND		\$ 25	
	ID# CK#	Many Sandand L. Von Kaster 245 70 de Civele Arnés + 500, 4		25	
	ID# CK#	Kevin and Kelly Maher 2419 Ridgetop Circle Awes, IA 50014		100	
	ID# CK#	Daryle and Joyce Vegge 5178 Schubert Ames, IX Sco14		50	
	ID# CK#	Bernard and Mary Gerstein 1003 Janvett Ames, + 50014		50	
	ID# CK#	Michael Stohnan 203 1st De Witt, IA 52742	Nephew	150	
	ID# CK#	John and Jame Baty 2626 Ridgeles Ames The 50014		15	
	ID# CK#	Richard and Meribeth Carlson 307 Jewellrive Annes, IH 50010		50	
	ID# CK#	Nicholas and Aime Stroburge 1721 Mackin Dewitt, Ex 52742	Nepher	200	
	ID# CK#	Robin and Shirler Formaker 2612 White Oak Ames IA 50014		50	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$715	

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Page 4 of 6 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Keset Form	A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR STROHMAN

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	IF FOR
RECEIVED (MM/DD/YR)	(If applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	tames Dickson			I TOOME
	CK#	James Dickson 1124 oktober Ames, LA 5000		\$50	
	ID#			<u> </u>	
	CK#	Craig and Beth Marvs 300 Hewlod-Crude Amps, IA 50010		50	
	ID#	Oil		<u> </u>	
	CK#	700 Pohlman 3117 Bayberry Ames, IX 50010		50	
	ID#				
	CK#	Jon and Marty Carney 2200 Qua: (Ridge Junes 2-7 30010		100	<u> </u>
	ID#	Tames Mazzitelli			
	CK#	4612 Dover Ames, IA 50014		25	
	ID#	Scott Baver	****		
	CK#	2415 Yorkshive Circle		25	
	ID#				
	CK#	Mary and Joe Consamus		50	
	ID#	Charles Gilarski			
	CK#	Amos' TA 50010		25	
	ID#	Michael Ruub			
	CK#	1317 Clark BANOS + FA SOOLO		75	Ļ
	ID#				
	CK#	Richard and Carpl Graene Po Box 90 Williamsport, PA 17703	nucle	50	
			SUB-TOTAL	COO	
		TOTAL (IST. 4		\$ 500	
		TOTAL (if last page	ot this schedule)		

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Page 5 of 6 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Stateme	nt of Organization)
CITIZENS FOR	STROHMAN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	Justin and Emily Hamorby			
	CK#	Justin and Emily Hampon 4026 Edgewater Ames, In 500,0		\$50	
	ID#	George and Michell Schnicker	1		
	CK#	George and Michelle Schricker 11644 Maple Roa 1 Plymouth, 22 46563	sister	50	
	ID#	Fred and Augas tousen			
	CK#	Fred and Aune Janzen Amps, the 50014		50	
	ID#				
	CK#				
	ID#	,			
	СК#				
<u> </u>	ID#				<u></u>
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	CK#				
	ID#				
	CK#				
		·	SUB-TOTAL	• 150	

TOTAL (if last page of this schedule)

Page 6 of 6 (for Schedule A)

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FOR INSTRUCTIONS, SEE BACK OF FORM

		_	
Charles Courses Services	THE R. P.	94370	
E RECET I	101		7 T
TY COCK T		111	
The second second		3226.5	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR STROHWAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/12/10	ID# CK#	Hy Vee Gyociniln way Ames 15000	Postage	\$ 88.00
03/17/10	ID# CK#	Hy-Vee 640 Cincoln Wa/ Avres 5000	Postage	44.00
04/09/10	ID# CK#	Sames Strohman 2710 white Ork (1) Ans, #A 50010	Copies, Envelopes Postage Expenses	427.48
०५०२१०	ID# _/ CK#	Hy-Vee 1040 Liono Way Avne Soull	Postage	52.80
03/03/10	ID# CK#	United States Postal Service 117 Milh Aves 50010	Postage	17.00
05/03/10	ID# CK#	Staples 1933 Duckeye	Office Supplies	66.30
05/06/10	ID# CK#	USPS Main 5 SO 010	Postage	88,00
05/14(10	ID# CK#	James Strohmer same	Copies, Envelopes Supplies	80.40
······································			SUB-TOTAL.	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and towa Code 68A 402(3)(i).)

Поло	 . ا	. /	
rage	 0		

TOTAL (if last page of this schedule)

COMMITTEE NAME (Must be same as on Statement of Organization)	D
CITIZENS FOR STROHMAN	(Rev. de
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
	CK THIS BOX MENDING M

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

·			en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
07.14.06	SAMES STROHWAND FILO WHITE DAY CHECKE AMES, DA SCOLL	80) miles & 44-5¢	356.59
10-10.06	50 mg	368 miles@ 44.36	163.76
11.06-06	s'e me	CONES, PORTAGE, OFFICE SUPPLIES, FOOD FOR FAFT, FOOD & BEVERAGE	87169
		July 200 Exercises	
·			
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE A	T THE END OF THIS REPORTING PERIOD	s 1,392.34
			11/10.

*If actual figure is unknown, show "estimated" beside the figure.

Page _____of ____ (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

MMITTEE NAME(Mu	EE BACK OF FORM st be same as on Statement of Organization) 1	RESET	SCHEDULE F (Rev. 02/08)	LOAN RECEI & REP
E: This schedule rep	ports money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$	the committee account.	CHECK -	
RT I - MONETARY Lo (Original source	OANS RECEIVED <u>THIS</u> REPORTING PERIOD e of loan, such as a bank, must be shown if a third party is a	involved. Include loans from candid	iate's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT (F LOAN
			\$	
				
	LOAN REPAYMENTS MADE THIS REPORTING PERIOR		\$	
(Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD on must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER		\$	REPAID
(Loans forgive	en must be reported on Schedule $oldsymbol{E}$ – In-kind Contributions) -)		REPAID
(Loans forgive	en must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAID
(Loans forgive	en must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAID
(Loans forgive	en must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAID

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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